

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of Oregon

Case number (if known): _____ Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an
amended filing

Official Form 101**Voluntary Petition for Individuals Filing for Bankruptcy****12/15**

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	<u>Amy</u> First name <u>Rebecca</u> Middle name <u>Osborn</u> Last name _____ Suffix (Sr., Jr., II, III)	_____ First name _____ Middle name _____ Last name _____ Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years Include your married or maiden names.	<u>N/A</u> First name _____ Middle name _____ Last name _____ _____ First name _____ Middle name _____ Last name	_____ First name _____ Middle name _____ Last name _____ _____ First name _____ Middle name _____ Last name
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	XXX - XX - <u>4</u> <u>1</u> <u>2</u> <u>9</u> OR 9 XX - XX - _____	XXX - XX - _____ OR 9 XX - XX - _____

Debtor 1

Amy
First NameRebecca
Middle NameOsborn
Last Name

Case number (if known)

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and
doing business as names

About Debtor 1:

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):

☐ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live

690 Maple Drive

Number Street

Sutherlin

City

OR

State

97479

ZIP Code

Douglas

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

If Debtor 2 lives at a different address:

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☒ No
- ☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No
- ☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
- Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.☐ Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))☐ None of the above**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?**

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☒ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Amy Rebecca Osborn

Signature of Debtor 1

Executed on 06/08/2016

MM / DD / YYYY

X

Signature of Debtor 2

Executed on

MM / DD / YYYY

Debtor 1

Amy
First NameRebecca
Middle NameOsborn
Last Name

Case number (if known) _____

For your attorney, if you are represented by one**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X/s/ Christopher W. Peterman

Signature of Attorney for Debtor

Date

06/15/2016

MM / DD / YYYY

Christopher W. Peterman

Printed name

Christopher W. Peterman, Attorney at Law, P.C.

Firm name

PO Box 1146

Number Street

420 SE JacksonRoseburg

City

OR

State

97471

ZIP Code

Contact phone (541) 229-0202Email address chris@chrispetermanlaw.com034212

Bar number

OR

State

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

- ☐ No
☐ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

- ☐ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

- ☐ No
☐ Yes. Name of Person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

X

Signature of Debtor 1

Date _____

MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

X

Signature of Debtor 2

Date _____

MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

**United States Bankruptcy Court
District of Oregon**

In re Amy Rebecca Osborn
Debtor(s)

Case No. _____
Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>1,165.00</u>
Prior to the filing of this statement I have received	\$ <u>1,165.00</u>
Balance Due	\$ <u>0.00</u>

2. \$ 335.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:
- ☐ Debtor ☒ Other (specify): Judy Peterman
4. The source of compensation to be paid to me is:
- ☐ Debtor ☐ Other (specify): N/A
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors, any confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed.]
Negotiations with secured creditors to reduce market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 U.S.C. 522(f)(2)(A) for avoidance of liens on household goods.
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in any dischargeability actions, judicial liens avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: June 16, 2016

/s/ Christopher W. Peterman
Christopher W. Peterman, OSB #034212
Attorney at Law, P.C.
PO Box 1146 / 420 SE Jackson
Roseburg, OR 97470
(541) 229-0202

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re
Osborn, Amy Rebecca

) Case No. _____ (If Known)
)
) CHAPTER 7 INDIVIDUAL DEBTOR'S*
) STATEMENT OF INTENTION
) PER 11 U.S.C. §521(a)

Debtor(s)

***IMPORTANT NOTICES TO DEBTOR(S):**

- (1) **SIGN AND FILE this form even if** you show "NONE," **AND**, if creditors are listed, **have the service certificate COMPLETED; AND**
(2) **Failure to perform** the intentions as to property stated below within 30 days after the first date set for the Meeting of Creditors under 11 USC §341(a) may result in relief for the creditor from the Automatic Stay protecting such property.

PART A - Debts secured by property of the estate. (Part A must be FULLY COMPLETED for **EACH** debt which is secured by property of the estate. Attach additional pages is necessary.)

Property No. 1	
Creditor's Name: Wells Fargo Bank, N.A.	Describe Property Securing Debt: Home and property at 690 Maple Dr, Sutherlin, OR 97479
Property will be (check one): <input checked="" type="checkbox"/> SURRENDERED <input type="checkbox"/> RETAINED	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 USC §522(f)) _____	
Property is (check one): <input type="checkbox"/> CLAIMED AS EXEMPT <input checked="" type="checkbox"/> NOT CLAIMED AS EXEMPT	

Property No. 2 (if necessary)	
Creditor's Name: Bernard and Judy Peterman	Describe Property Securing Debt: Member interest in Osborn Industries, LLC
Property will be (check one): <input type="checkbox"/> SURRENDERED <input checked="" type="checkbox"/> RETAINED	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 USC §522(f)) _____	
Property is (check one): <input type="checkbox"/> CLAIMED AS EXEMPT <input checked="" type="checkbox"/> NOT CLAIMED AS EXEMPT	

Property No. 3 (if necessary)	
Creditor's Name: Carol and Randall Ferguson	Describe Property Securing Debt: Inventory, furnishings, and equip. of Osborn Industries, LLC
Property will be (check one): <input type="checkbox"/> SURRENDERED <input checked="" type="checkbox"/> RETAINED	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 USC §522(f)) _____	
Property is (check one): <input type="checkbox"/> CLAIMED AS EXEMPT <input checked="" type="checkbox"/> NOT CLAIMED AS EXEMPT	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 USC §365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 USC §365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO
Property No. 3 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 USC §365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

☐ Continuation sheets attached (if any).

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INDICATES INTENTION AS TO ANY PROPERTY OF MY ESTATE SECURING A DEBT AND/OR PERSONAL PROPERTY SUBJECT TO AN UNEXPIRED LEASE.

DATE: 06/08/16

/s/ Amy Rebecca Osborn

DEBTOR'S SIGNATURE

JOINT DEBTOR'S SIGNATURE (If applicable)

I/WE THE UNDERSIGNED, CERTIFY THAT COPIES OF BOTH THIS DOCUMENT AND LOCAL FORM #715 WERE SERVED ON ANY CREDITOR NAMED ABOVE.

DATE: 06/16/16

/s/ Christopher W. Peterman

034212

DEBTOR OR ATTORNEY'S SIGNATURE

OSB# (if attorney)

JOINT DEBTOR'S SIGNATURE (If applicable and no attorney)

Christopher W. Peterman

PRINT OR TYPE SIGNER'S NAME & PHONE NO.

PO Box 1146

SIGNER'S ADDRESS (if attorney)

Roseburg, OR 97470

NON-JUDICIAL REMEDY WHEN CONSUMER DEBTOR FAILS TO TIMELY PERFORM STATED INTENTIONS

Creditors, see Local Form #715 [attached if this document was served on paper] if you wish information on how to obtain NON-JUDICIAL relief from the automatic stay of 11 U.S.C. §362(a) as to your collateral.

QUESTIONS????

Call an attorney with questions about these procedures or the law. However, only call the debtor's attorney if you have questions about the debtor's intent as to your collateral.

Fill in this information to identify your case:

Debtor 1 Amy Rebecca Osborn
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Oregon

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information 12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>		\$ <u>209,223.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>		\$ <u>45,639.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>		\$ <u>254,862.00</u>

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>		\$ <u>347,000.00</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>		\$ _____
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>		+ \$ <u>155,927.84</u>
Your total liabilities		\$ <u>502,927.84</u>

Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>		\$ <u>2,400.00</u>
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>		\$ <u>2,293.00</u>

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 2,400.00

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ _____
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ _____
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ _____
9d. Student loans. (Copy line 6f.)	\$ _____
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ _____
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ _____
9g. Total. Add lines 9a through 9f.	\$ <u>0.00</u>

Fill in this information to identify your case and this filing:

Debtor 1 Amy Rebecca Osborn
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Oregon

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1. 690 Maple Dr. & 0 Laurel Ave.
Street address, if available, or other description

Sutherlin OR 97479
City State ZIP Code

Douglas
County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☒ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: R52089; R52082

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$ <u>209,223.00</u>	\$ <u>209,223.00</u>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple, subject to trust deed

☐ **Check if this is community property**
(see instructions)

If you own or have more than one, list here:

1.2. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$ _____	\$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ **Check if this is community property**
(see instructions)

1.3. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ **Check if this is community property** (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____ →

\$ 209,223.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

☐ No

☒ Yes

3.1. Make: Chevy
 Model: Silverado
 Year: 2006
 Approximate mileage: 130000
 Other information:

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ 16,979.00 \$ 16,979.00

If you own or have more than one, describe here:

3.2. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

3.3. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

3.4. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No☐ Yes

4.1. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$ 16,979.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the
portion you own?Do not deduct secured claims
or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No☒ Yes. Describe..... Washer/dryer, refrigerator, kitchen appliances, home furniture, etc.

\$ 1,260.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe..... Televisions, DVD/Blu-Ray players, cell phone, etc.

\$ 450.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No☐ Yes. Describe.....

\$

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No☒ Yes. Describe..... Camping equipment

\$ 50.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.....

\$

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe..... Everyday clothing.

\$ 400.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No☐ Yes. Describe.....

\$

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No☒ Yes. Describe..... Pet dog.

\$ 0.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No☐ Yes. Give specific
information.

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached
for Part 3. Write that number here

\$ 2,160.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the
portion you own?Do not deduct secured claims
or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ Yes Cash: \$ 100.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes

Institution name:

17.1. Checking account: \$

17.2. Checking account: \$

17.3. Savings account: Oregon First Community Credit Union \$ 0.00

17.4. Savings account: \$

17.5. Certificates of deposit: \$

17.6. Other financial account: \$

17.7. Other financial account: \$

17.8. Other financial account: \$

17.9. Other financial account: \$

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☐ No☒ Yes

Institution or issuer name:

Shares of Umpqua Bank stock \$ 1,400.00

..... \$

..... \$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☐ No☒ Yes. Give specific
information about
them.....

Name of entity:

Osborn Industries, LLC

% of ownership:

50% %

0% %

0% %

\$ 25,000.00

\$

\$

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....

Issuer name:

\$ _____
 \$ _____
 \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each

account separately.

Type of account:

Institution name:

401(k) or similar plan: _____

\$ _____

Pension plan: _____

\$ _____

IRA: _____

\$ _____

Retirement account: _____

\$ _____

Keogh: _____

\$ _____

Additional account: _____

\$ _____

Additional account: _____

\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes

Institution name or individual:

Electric: _____

\$ _____

Gas: _____

\$ _____

Heating oil: _____

\$ _____

Security deposit on rental unit: _____

\$ _____

Prepaid rent: _____

\$ _____

Telephone: _____

\$ _____

Water: _____

\$ _____

Rented furniture: _____

\$ _____

Other: _____

\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes

Issuer name and description:

\$ _____
 \$ _____
 \$ _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____ \$ _____

_____ \$ _____

_____ \$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them....

\$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them....

\$ _____

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them....

\$ _____

Money or property owed to you?**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ _____

State: \$ _____

Local: \$ _____

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....

Alimony: \$ _____

Maintenance: \$ _____

Support: \$ _____

Divorce settlement: \$ _____

Property settlement: \$ _____

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.....

\$ _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:	Beneficiary:	Surrender or refund value:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..... \$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim. \$ _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims
☒ No

☐ Yes. Describe each claim. \$ _____

35. Any financial assets you did not already list
☒ No

☐ Yes. Give specific information..... \$ _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$ 26,500.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**
☒ No. Go to Part 6.

☐ Yes. Go to line 38.
Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned
☐ No

☐ Yes. Describe..... \$ _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No

☐ Yes. Describe..... \$ _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade☐ No☐ Yes. Describe.....

\$

41. Inventory☐ No☐ Yes. Describe.....

\$

42. Interests in partnerships or joint ventures☐ No☐ Yes. Describe..... Name of entity:

% of ownership:

%

\$

%

\$

%

\$

43. Customer lists, mailing lists, or other compilations☐ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.....

\$

44. Any business-related property you did not already list☐ No☐ Yes. Give specific information

\$

\$

\$

\$

\$

\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

\$

0.00

Part 6:Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☐ No☐ Yes

\$

48. Crops—either growing or harvested☐ No☐ Yes. Give specific information.

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade☐ No☐ Yes

\$ _____

50. Farm and fishing supplies, chemicals, and feed☐ No☐ Yes

\$ _____

51. Any farm- and commercial fishing-related property you did not already list☐ No☐ Yes. Give specific information.

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

\$ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.

\$ _____

\$ _____

\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$ 0.00

Part 8: List the Totals of Each Part of this Form**55. Part 1: Total real estate, line 2**

\$ 209,223.00

56. Part 2: Total vehicles, line 5

\$ 16,979.00

57. Part 3: Total personal and household items, line 15

\$ 2,160.00

58. Part 4: Total financial assets, line 36

\$ 26,500.00

59. Part 5: Total business-related property, line 45

\$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$ 0.00

61. Part 7: Total other property not listed, line 54

+\$ 0.00

62. Total personal property. Add lines 56 through 61.

\$ 45,639.00

Copy personal property total



+\$ 45,639.00

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$ 254,862.00

Fill in this information to identify your case:

Debtor 1 Amy Rebecca Osborn
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Oregon

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Umpqua Bank Stock</u> Line from Schedule A/B: <u>18</u>	<u>\$ 1,400.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)
Brief description: <u>Automobile</u> Line from Schedule A/B: <u>3.1</u>	<u>\$ 16,979.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(2); (d)(5)
Brief description: <u>Household goods, television, electronics, etc</u> Line from Schedule A/B: <u>6, 7</u>	<u>\$ 1,710.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(3); (d)(5)

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: <u>Wearing apparel</u> Line from Schedule A/B: <u>11</u>	\$ <u>400.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(3)
Brief description: <u>Recreational equip.</u> Line from Schedule A/B: <u>9</u>	\$ <u>50.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)
Brief description: <u>Dog</u> Line from Schedule A/B: <u>13</u>	\$ <u>0.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1 Amy Rebecca Osborn
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Oregon

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

- 2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	---

2.1	Wells Fargo Bank, N.A. <small>Creditor's Name</small> Home Mortgage <small>Number Street</small> PO Box 10335 Des Moines IA 50306 <small>City State ZIP Code</small>	Describe the property that secures the claim: Home/land at 690 Maple Dr., Sutherlin, OR 97479 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$ 260,000.00	\$ 209,223.00	\$ 50,777.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 04/17/2008 Last 4 digits of account number _____					
2.2	Bernard and Judy Peterman <small>Creditor's Name</small> 1756 Scardi Blvd <small>Number Street</small> Sutherlin OR 97479 <small>City State ZIP Code</small>	Describe the property that secures the claim: Member interest in Osborn Industries, LLC As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$ 25,000.00	\$ 25,000.00	\$
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred August 2013 Last 4 digits of account number _____					
Add the dollar value of your entries in Column A on this page. Write that number here:			\$ 285,000.00		

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion If any

2.3

Carol and Randall Ferguson

Describe the property that secures the claim:

\$ 62,000.00

\$ 50,000.00

\$ 12,000.00

Creditor's Name

PO Box 154

Number

Street

Inventory, furnishings, and equip. of Osborn Industries, LLC

Glide

City

OR 97443

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred Sept. 2013

Last 4 digits of account number _____

Describe the property that secures the claim:

\$ _____ \$ _____ \$ _____

Creditor's Name

Number

Street

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Describe the property that secures the claim:

\$ _____ \$ _____ \$ _____

Creditor's Name

Number

Street

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 62,000.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$ 347,000.00

Fill in this information to identify your case:

Debtor 1	<u>Amy</u>	<u>Rebecca</u>	<u>Osborn</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Oregon			
Case number (If known)	_____		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____</p>			
2.2	<p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____</p>			

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount

□

Priority Creditor's Name _____

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number _____ Street _____

When was the debt incurred? _____

City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

□

Priority Creditor's Name _____

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number _____ Street _____

When was the debt incurred? _____

City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

□

Priority Creditor's Name _____

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number _____ Street _____

When was the debt incurred? _____

City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	AmericanWest Bank	Last 4 digits of account number <u>1 9 5 9</u>	\$ <u>1,637.96</u>
Nonpriority Creditor's Name		When was the debt incurred? <u>Nov. 2008</u>	
PO Box 40			
Number Street			
Medford		OR	97501
City		State	ZIP Code
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer loan</u>			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.2	Bank of America	Last 4 digits of account number <u>5 2 1 3</u>	\$ <u>16,404.00</u>
Nonpriority Creditor's Name		When was the debt incurred? <u>2006</u>	
PO Box 851001			
Number Street			
Dallas		TX	75285
City		State	ZIP Code
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer credit</u>			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.3	Bank of America	Last 4 digits of account number <u>2 7 7 6</u>	\$ <u>3,952.00</u>
Nonpriority Creditor's Name		When was the debt incurred? <u>2007</u>	
PO Box 851001			
Number Street			
Dallas		TX	75285
City		State	ZIP Code
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Credit</u>			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

Bend Anesthesiology Group

Nonpriority Creditor's Name

PO Box 33

Number Street

Salt Lake City

UT

84110

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 1 6 9 7

\$ 1,041.00

When was the debt incurred? Unavailable

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bills

4.5

Capital One

Nonpriority Creditor's Name

PO Box 30285

Number Street

Salt Lake City

UT

84130

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number Unavailable

\$ 7.00

When was the debt incurred? 2006

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Consumer Credit

4.6

Citi

Nonpriority Creditor's Name

PO Box 6004

Number Street

Sioux Falls

SD

57117

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 0 3 2 9

\$ 5,397.00

When was the debt incurred? 2007

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Consumer Credit

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

Comenity Bank / Lane Bryant

Nonpriority Creditor's Name

PO Box 659728

Number Street

San Antonio

TX

78265

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 3 5 8\$ 935.52When was the debt incurred? 2011

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Consumer Credit

4.8

Comenity Bank / Maurices

Nonpriority Creditor's Name

PO Box 659705

Number Street

San Antonio

TX

78265

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 6 1 8 8\$ 353.21When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Consumer Credit

4.9

Home Depot Credit Services

Nonpriority Creditor's Name

PO Box 183175

Number Street

Columbus

OH

43218

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number Unavailable\$ 2,282.00When was the debt incurred? 2007

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Consumer Credit

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.10

Roseburg Radiologists

Nonpriority Creditor's Name

PO Box 1547

Number Street

Roseburg

OR

97471

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 7 6 5 6\$ 56.81When was the debt incurred? Unavailable

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bills

4.11

Atlantic Credit & Finance Special Finance Unit, LLC

Nonpriority Creditor's Name

3353 Orange Avenue

Number Street

Roanoke

VI

24012

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9 3 2 0\$ 1,211.45When was the debt incurred? 2011

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Consumer credit/medical bills

4.12

Synchrony Bank / Care Credit

Nonpriority Creditor's Name

PO Box 960061

Number Street

Orlando

FL

32896

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 7 9 9 4\$ 1,065.54When was the debt incurred? 2011

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Consumer credit/medical bills

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.13

Mercy Medical Center

Nonpriority Creditor's Name

2700 N.W. Stewart Parkway

Number Street

Roseburg

OR

97471

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 4 1 0 8

\$ 584.35

When was the debt incurred? Unavailable

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Medical Bills

4.14

Nationstar Mortgage

Nonpriority Creditor's Name

PO Box 619098

Number Street

Dallas

TX

75261

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$ 121,000.0

When was the debt incurred? Unavailable

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Mortgage on property awarded

to Jason Osborn in dissolution, which is no longer owned by Debtor.

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

CSO Financial, Inc.

Name

PO Box 1208

Number Street

Roseburg

City

OR

State

97470

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 7 6 5 6

Encore Capital Group

Name

PO Box 3330

Number Street

Olathe

City

KS

State

66063

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 9 8 2 8

Johnson Mark, LLC

Name

901 N Brutscher St, D PMB 401

Number Street

Newberg

City

OR

State

97132

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 1 6 9 7

NCB Mgmt. Services, Inc.

Name

PO Box 1099

Number Street

Langhorne

City

PA

State

19047

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 2 9 4 3

Northland Group

Name

PO Box 129

Number Street

Thorofare

City

NJ

State

08086

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 1 4 9 3

FIA Card Services

Name

4849 N. Milwaukee Ave., Ste. 801

Number Street

Chicago

City

IL

State

60630

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 2 6 1 3

Van Ru Credit Corporation

Name

1350 E. Touthy Ave, Suite 300E

Number Street

Des Plaines

City

IL

State

60018

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 7 5 8 6

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Link Revenue Resources, LLC

Name

4891 Ronson Ct #E

Number Street

San Diego

City

CA

State

92111

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number

Gordon, Aylworth & Tami, P.C.

Name

4023 W 1st Avenue

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 9 3 2 0

Eugene

City

OR

State

97402

ZIP Code

AllianceOne Receivables Management

Name

4850 Street Rd. Suite 300

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 2 0 7 4

Trevose

City

PA

State

19053

ZIP Code

Rushmore Loan Management Services

Name

P.O. Box 55004

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 4 1 6 7

Irvine

City

CA

State

92619

ZIP Code

Name

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____ ____ ____ ____

City

State

ZIP Code

Name

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____ ____ ____ ____

City

State

ZIP Code

Name

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____ ____ ____ ____

City

State

ZIP Code

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 0.00

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ 0.00

6e. Total. Add lines 6a through 6d.

6e. \$ 0.00

Total claim

Total claims from Part 2

6f. Student loans

6f. \$ 0.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 34,927.84

6j. Total. Add lines 6f through 6i.

6j. \$ 155,927.84

Total claim

Fill in this information to identify your case:

Debtor Amy Rebecca Osborn
First Name Middle Name Last Name

Debtor 2
(Spouse If filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Oregon

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.2	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.3	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.4	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.5	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	

Debtor 1

Amy

First Name

Rebecca

Middle Name

Osborn

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

2.2

Name

Number Street

City State ZIP Code

2._

Name

Number Street

City State ZIP Code

2._

Name

Number Street

City State ZIP Code

2._

Name

Number Street

City State ZIP Code

2._

Name

Number Street

City State ZIP Code

2._

Name

Number Street

City State ZIP Code

2._

Name

Number Street

City State ZIP Code

2._

Name

Number Street

City State ZIP Code

Fill in this information to identify your case:

Debtor 1	<u>Amy</u>	<u>Rebecca</u>	<u>Osborn</u>
	First Name	Middle Name	Last Name
Debtor 2	<u></u>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>District of Oregon</u>			
Case number	<u></u>		
(If known)			

Official Form 106H

12/15

Schedule G, line

Debtor 1

Amy

First Name

Rebecca

Middle Name

Osborn

Last Name

Case number (if known)

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Amy Rebecca Osborn
 First Name Middle Name Last Name

Debtor 2
(Spouse, if filing)
 First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Oregon

Case number
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☒ Employed
☐ Not employed

☐ Employed
☐ Not employed

OccupationPainting/Striping Worker**Employer's name**Self / Osborn Industries, LLC**Employer's address**690 Maple Drive
Number Street
Number StreetSutherlin OR 97479
City State ZIP Code
City State ZIP Code**How long employed there?** 3 years3 years**Part 2:** Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ \$

3. Estimate and list monthly overtime pay.

3. + \$ + \$

4. Calculate gross income. Add line 2 + line 3.

4. \$ \$

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ _____	\$ _____
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ _____	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ _____	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____
5e. Insurance	5e. \$ _____	\$ _____
5f. Domestic support obligations	5f. \$ _____	\$ _____
5g. Union dues	5g. \$ _____	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ _____	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ _____	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ _____	\$ _____
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. See attached form 1120S and	8a. \$ 2,400.00	\$ _____
8b. Interest and dividends supporting statements.	8b. \$ _____	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ _____	\$ _____
8d. Unemployment compensation	8d. \$ _____	\$ _____
8e. Social Security	8e. \$ _____	\$ _____
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ _____	\$ _____
8g. Pension or retirement income	8g. \$ _____	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 2,400.00	\$ _____
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,400.00 +	\$ _____ = \$ 2,400.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
		11. + \$ _____
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies		12. \$ 2,400.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service▶ Do not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.

2014

▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

For calendar year 2014 or tax year beginning , 2014, ending , 20

A S election effective date 09-01-2013	TYPE OR PRINT	Name Amy Osborn Osborn Industries LLC Number, street, and room or suite no. If a P.O. box, see instructions. 690 Maple Dr City or town, state or province, country, and ZIP or foreign postal code Sutherlin OR 97479	D Employer identification number 46-3377372
B Business activity code number (see instructions) 238900			E Date incorporated 09-01-2013
C Check if Sch. M-3 attached <input type="checkbox"/>			F Total assets (see instructions) \$ 143,383

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year 2

Caution. Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	165,676	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a			1c 165,676
	2 Cost of goods sold (attach Form 1125-A)			2 30,912
	3 Gross profit. Subtract line 2 from line 1c			3 134,764
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4
5 Other income (loss) (see instructions - attach statement)			5	
6 Total income (loss). Add lines 3 through 5 ▶			6 134,764	
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions - attach Form 1125-E)			7
	8 Salaries and wages (less employment credits)			8 21,797
	9 Repairs and maintenance			9 362
	10 Bad debts			10
	11 Rents			11 13,370
	12 Taxes and licenses ATT STL			12 2,618
	13 Interest			13 6,052
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14 16,427
	15 Depletion (Do not deduct oil and gas depletion.)			15
	16 Advertising			16 899
	17 Pension, profit-sharing, etc., plans			17
	18 Employee benefit programs			18
	19 Other deductions (attach statement) Statement #2			19 60,038
	20 Total deductions. Add lines 7 through 19 ▶			20 121,563
	21 Ordinary business income (loss). Subtract line 20 from line 6			21 13,201
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b Tax from Schedule D (Form 1120S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)			22c
	23 a 2014 estimated tax payments and 2013 overpayment credited to 2014	23a		
	b Tax deposited with Form 7004	23b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d Add lines 23a through 23c			23d
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/>			24
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26
	27 Enter amount from line 26 Credited to 2015 estimated tax ▶ Refunded ▶			27

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return
with the preparer shown below
(see instructions)? ☒ Yes ☐ NoSign
Here

Amy R Osborn

Signature of officer

Date

Member

Title

Paid
Preparer
Use Only

Print/Type preparer's name

Diane Elizabeth Mille

Preparer's signature

Date

01-29-2016

Check ☐ if PTIN

self-employed

P00496005

Firm's name ▶ C Mulder's DC Tax & Bookkeeping Svc

Firm's EIN ▶ 46-1528939

Firm's address ▶ 446 B South Comstock OBTP B15678

Phone no.

Sutherlin OR 97479

(541) 459-5149

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2014)

Federal Supporting Statements**2014 PG01**

Name(s) as shown on return

FEIN

Osborn Industries LLC

46-3377372

Form 1120S Line 19

Statement #2

Description	Amount
Accounting	775
Amortization	7,383
Automobile and Truck Expense	4,784
Bank Charges	789
Dues and Subscriptions	20
Education and Training	184
Insurance	6,356
50% Meals and Entertainment	1,051
Office Expense	3,430
Postage/Shipping	1,342
Travel	901
Utilities	169
Fuel	14,506
Business Licenses & Permits	325
Paint	14,918
Telephone & Internet	3,105
Total	<u>60,038</u>

Form 1120S, Schedule L, Line 18

PG01

Other Current Liabilities

Statement #22

Description	Beg Of Year	End Of Year
Accrued Payroll	173	
Accrued Payroll Tax	<u>1,287</u>	
Total	<u>1,460</u>	

Form 1120S, Schedule L, Line 25

PG01

Adjustment to Shareholders' equity

Statement #24

Description	Beg Of Year	End Of Year
LLC Member Draws	<u>(1,619)</u>	
Total	<u>(1,619)</u>	

Federal Supporting Statements**2014****PG01**

Name(s) as shown on return

FEIN

Osborn Industries LLC

46-3377372

Schedule M-2 Line 5

Statement #30

Description	Amount
Nondeductible Expenses	<u>1,050</u>
Total	<u><u>1,050</u></u>

Form 1120S, Schedule L, Line 7

PG01
STMT

Loans to Shareholders

Description	Beg Of Year	End Of Year
Loans to Shareholder	<u> </u>	<u>6,000</u>
Total	<u><u> </u></u>	<u><u>6,000</u></u>

Fill in this information to identify your case:

Debtor 1 Amy Rebecca Osborn
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Oregon

Case number
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. **Does Debtor 2 live in a separate household?**
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

<input type="checkbox"/> No	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<input checked="" type="checkbox"/> Yes. Fill out this information for each dependent.....	<u>Preston</u>	<u>12</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
	<u>Lizabelle</u>	<u>8</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
	<u></u>	<u></u>	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<u></u>	<u></u>	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<u></u>	<u></u>	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,540.00

If not included in line 4:

4a. Real estate taxes	4a. \$ <u></u>
4b. Property, homeowner's, or renter's insurance	4b. \$ <u></u>
4c. Home maintenance, repair, and upkeep expenses	4c. \$ <u></u>
4d. Homeowner's association or condominium dues	4d. \$ <u></u>

Your expenses

5. **Additional mortgage payments for your residence**, such as home equity loans

5. \$ _____

6. **Utilities:**

6a. Electricity, heat, natural gas

6a. \$ 120.00

6b. Water, sewer, garbage collection

6b. \$ 60.00

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 48.00

6d. Other. Specify: _____

6d. \$ _____

7. **Food and housekeeping supplies**

7. \$ 350.00

8. **Childcare and children's education costs**

8. \$ _____

9. **Clothing, laundry, and dry cleaning**

9. \$ _____

10. **Personal care products and services**

10. \$ _____

11. **Medical and dental expenses**

11. \$ _____

12. **Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 100.00

13. **Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$ _____

14. **Charitable contributions and religious donations**

14. \$ _____

15. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ _____

15b. Health insurance

15b. \$ _____

15c. Vehicle insurance

15c. \$ 75.00

15d. Other insurance. Specify: _____

15d. \$ _____

16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ _____

17. **Installment or lease payments:**

17a. Car payments for Vehicle 1

17a. \$ _____

17b. Car payments for Vehicle 2

17b. \$ _____

17c. Other. Specify: _____

17c. \$ _____

17d. Other. Specify: _____

17d. \$ _____

18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).**

18. \$ _____

19. **Other payments you make to support others who do not live with you.**

Specify: _____

19. \$ _____

20. **Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income*.**

20a. Mortgages on other property

20a. \$ _____

20b. Real estate taxes

20b. \$ _____

20c. Property, homeowner's, or renter's insurance

20c. \$ _____

20d. Maintenance, repair, and upkeep expenses

20d. \$ _____

20e. Homeowner's association or condominium dues

20e. \$ _____

Debtor 1

Amy

First Name

Rebecca

Middle Name

Osborn

Last Name

Case number (if known) _____

21. **Other.** Specify: _____21. **+\$** _____**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 2,293.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ _____

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 2,293.00

23. Calculate your monthly net income.23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 2,400.00

23b. Copy your monthly expenses from line 22c above.

23b. **−** \$ 2,293.0023c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ 107.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1	<u>Amy</u>	<u>Rebecca</u>	<u>Osborn</u>
	First Name	Middle Name	Last Name
Debtor 2	<hr/>		
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of Oregon

Case number

(If known)

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

If two married people are filing together, both are equally responsible for supplying correct information.

Sign Below

☒ No

x /s/ Amy Rebecca Osborn

x

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Amy Rebecca Osborn
 First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
 First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Oregon

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number _____ Street _____	From _____ To _____	Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number _____ Street _____	From _____ To _____	Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$ 12,000.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$
For last calendar year: (January 1 to December 31, 2015) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$ 28,000.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$
For the calendar year before that: (January 1 to December 31, 2014) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$ 28,814.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	N/A	\$		\$
		\$		\$
		\$		\$
For last calendar year: (January 1 to December 31, 2015) YYYY	N/A	\$		\$
		\$		\$
		\$		\$
For the calendar year before that: (January 1 to December 31, 2014) YYYY	Unemployment	\$ 3,164.00		\$
		\$		\$
		\$		\$

Debtor 1

Amy

First Name

Rebecca

Middle Name

Osborn

Last Name

Case number (if known)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other

Debtor 1

Amy

First Name

Rebecca

Middle Name

Osborn

Last Name

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.



No



Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.



No



Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title <u>Citibank, N.A. v. Amy R. Osborne</u> Case number <u>15CV1138CC</u>	Action on monies due.	<u>Douglas County Circuit Court</u> <small>Court Name</small> <u>1036 SE Douglas Ave #201</u> <small>Number Street</small> <u>Roseburg</u> <u>OR</u> <u>97470</u> <small>City State ZIP Code</small>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title <u>Nationstar Mortgage LLC v. Jason Osborn, et al</u> Case number <u>15CV23016</u>	Foreclosure on real property awarded to Jason Osborn in dissolution in Douglas Co. Case No. 14DO1377DS.	<u>Douglas County Circuit Court</u> <small>Court Name</small> <u>1036 SE Douglas Ave # 201</u> <small>Number Street</small> <u>Roseburg</u> <u>OR</u> <u>97470</u> <small>City State ZIP Code</small>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☐ No. Go to line 11.

☒ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
<u>Citibank, N.A.</u> <small>Creditor's Name</small> <u>c/o Suttel, Hammer, et al</u> <small>Number Street</small> <u>PO Box C-90006</u> <u>Bellevue</u> <u>WA</u> <u>98009</u> <small>City State ZIP Code</small>	Bank funds, \$197.83, relating to Douglas County Case No. 14CV1138CC	<u>06/22/2015</u>	\$ <u>197.83</u>
	Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
<u>Same</u> <small>Creditor's Name</small> <small>Number Street</small> <small>City State ZIP Code</small>	Bank funds, \$24.01, relating to Douglas County Case No. 14CV1138CC	<u>02/24/2016</u>	\$ <u>24.01</u>
	Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1

Amy

First Name

Rebecca

Middle Name

Osborn

Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☒ No

☐ Yes. Fill in the details.

Creditor's Name		Describe the action the creditor took	Date action was taken	Amount
Number _____ Street _____ City _____ State _____ ZIP Code _____				\$ _____
Last 4 digits of account number: XXXX-____ _ _ _ _				

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☒ No

☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Person's relationship to you _____			\$ _____
			\$ _____
Person to Whom You Gave the Gift _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Person's relationship to you _____			\$ _____
			\$ _____

Debtor 1

Amy

First Name

Rebecca

Middle Name

Osborn

Last Name

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?☒ No☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$
			\$
Number Street			
City State ZIP Code			

Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**☒ No☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
			\$

Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Christopher W. Peterman Person Who Was Paid PO Box 1146 Number Street 420 SE Jackson Roseburg OR 97470 City State ZIP Code chris@chrispetermanlaw.com Email or website address Judy Peterman Person Who Made the Payment, if Not You	Legal fees for bankruptcy.	07/27/2015 \$ 1,165.00 \$

Debtor 1

Amy

First Name

Rebecca

Middle Name

Osborn

Last Name

Case number (if known) _____

Cricket Debt Counseling

Person Who Was Paid

219 SW Start Street, Ste 200

Number Street

Portland

City

OR

State

97204

ZIP Code

www.cricketdebt.com

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred**Bankruptcy Counseling****Date payment or transfer was made**05/26/2016**Amount of payment**\$ 22.0009/22/2015\$ 22.00**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.



No



Yes. Fill in the details.

Description and value of any property transferred**Date payment or transfer was made****Amount of payment**

Person Who Was Paid

Number Street

City

State

ZIP Code

\$ _____

\$ _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.



No



Yes. Fill in the details.

Description and value of property transferred**Describe any property or payments received or debts paid in exchange****Date transfer was made****Jason Osborn**

Person Who Received Transfer

1137 Old Town Loop

Number Street

Sutherlin

City

OR

State

97479

ZIP Code

Person's relationship to you Ex-Spouse

Various items of real and personal property were transferred as part of division of property in dissolution. Douglas Co. Case No. 14DO1377DS.

N/A - transfer was part of dissolution judgment.

01/24/2015

Person Who Received Transfer

Number Street

City

State

ZIP Code

Person's relationship to you _____

Debtor 1

Amy

First Name

Rebecca

Middle Name

Osborn

Last Name

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No

☐ Yes. Fill in the details.

Name of trust _____

Description and value of the property transferred

Date transfer was made

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No

☒ Yes. Fill in the details.

Banner Bank (AmericanWest)

Name of Financial Institution

555 SE Kane St.

Number Street

Roseburg

City

OR

State

97470

ZIP Code

Last 4 digits of account number

XXXX- 4 8 6 4

Type of account or instrument

☒ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other _____

Date account was closed, sold, moved, or transferred

Fall 2015

Last balance before closing or transfer

\$ 0.00

Name of Financial Institution

Number Street

City

State

97470

ZIP Code

XXXX- _____

☐ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

Name of Financial Institution

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

☐ No

☐ Yes

Debtor 1

Amy

First Name

Rebecca

Middle Name

Osborn

Last Name

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?☒ No☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility _____ Number Street _____ _____ City State ZIP Code _____		Name _____ Number Street _____ _____ City State ZIP Code _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Part 9: Identify Property You Hold or Control for Someone Else**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**☒ No☐ Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name _____ Number Street _____ _____ City State ZIP Code _____	Number Street _____ _____ City State ZIP Code _____	\$ _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?☒ No☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site _____ Number Street _____ _____ City State ZIP Code _____	Governmental unit _____ Number Street _____ _____ City State ZIP Code _____	_____

Debtor 1

Amy

First Name

Rebecca

Middle Name

Osborn

Last Name

Case number (if known)

25. Have you notified any governmental unit of any release of hazardous material?

☒ No☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		
City State ZIP Code	City State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Court Name		
Number Street		
Case number		
City State ZIP Code	City State ZIP Code	

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)☐ A partner in a partnership☐ An officer, director, or managing executive of a corporation☐ An owner of at least 5% of the voting or equity securities of a corporation☐ No. None of the above applies. Go to Part 12.☒ Yes. Check all that apply above and fill in the details below for each business.

Osborn Industries, LLC Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
dba C&R Striping Company Number Street	Concrete painting/stripping	EIN: 4 6 -3 3 7 7 3 7 2
690 Maple Drive	Name of accountant or bookkeeper	Dates business existed
Sutherlin OR 97471 City State ZIP Code	C Mulder Income Tax & Bookkeeping, 446 S Comstock #B, Sutherlin OR 97479	From 08/09/2013 To Present
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street		EIN: -
City State ZIP Code	Name of accountant or bookkeeper	Dates business existed
		From To

Debtor 1

Amy

First Name

Rebecca

Middle Name

Osborn

Last Name

Case number (if known) _____

Business Name

Number Street

City

State

ZIP Code

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

EIN: ____ - ____

Dates business existed

From ____ To ____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City

State

ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

✕

/s/ Amy Rebecca Osborn

Signature of Debtor 1

✕

Signature of Debtor 2

Date 06/08/2016

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).